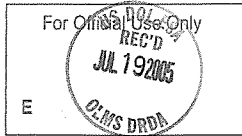


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3622</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>01</u> / <u>04</u>
3. Name and address of person filing. Name <u>Bert</u> <u>W.</u> <u>Tolbert</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>22551 Chaparro Drive</u> City <u>Saugus</u> State <u>CA</u> ZIP Code + 4 <u>91350</u>	4. Name, file number, and address of labor organization. Name <u>Int' Union of Operating Engineers Local 12</u> Labor Organization File Number <u>007/156</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>150 E. Corson Street</u> City <u>Pasadena</u> State <u>CA</u> ZIP Code + 4 <u>91103</u>
5. Position in labor organization. <u>Guard</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Bert W. Tolbert

On

7-14-05
Date

661-297-5671
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Oper. Engs. Administrative Corp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 E. Corson Street

City Pasadena

State CA ZIP Code + 4 91103

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name So. Cal. & So. Nevada Oper. Engs. Trust Local 12

Trade Name, if any: Operating Engineers Training Trust

P.O. Box, Bldg., Room No., if any

Street 100 E. Corson Street

City Pasadena

State CA ZIP Code + 4 91103

11.a. Nature of such dealing.

Administrator of Training Trust

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

To reflect expenses I have incurred
as Training Director for So. Cal.
So. Nevada

12.b. Amount. 10,507.36

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

JUL 12 2005

OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH & WELFARE / PENSION / VACATION / TRAINING

100 EAST CORSON STREET • PASADENA, CALIFORNIA 91103 • (626) 356-1000

P.O. BOX 7063, PASADENA, CALIFORNIA 91109

WEBSITE: www.oefunds.org



© 1998 SCECA 113

July 11, 2005

Mr. Bert Tolbert
Operating Engineers Training Trust
2190 S. Pellissier Place
Whittier, CA 90601

REVISED STATEMENT

Dear Mr. Tolbert:

Previously you received copies of all reimbursements issued to you from the Operating Engineers Trust Funds, Inc., for calendar year 2004. This will confirm that those reimbursements totaled \$10,507.36.

Date	Check No.	Amount	Void/Amt. Refunded	Total Reimb.
01/07/04	43434	\$800.00	\$0.00	\$800.00
01/14/04	43439	\$1,300.00	\$0.00	\$1,300.00
04/12/04	44373	\$2,650.00	\$0.00	\$2,650.00
05/05/04	44527	\$800.00	\$0.00	\$800.00
06/23/04	44950	\$400.00	\$0.00	\$400.00
09/08/04	45546	\$800.00	\$0.00	\$800.00
09/22/04	45698	\$600.00	\$0.00	\$600.00
09/26/04	45701	\$3,350.00	\$(192.64)	\$3,157.36
		\$10,700.00	\$(192.64)	\$10,507.36